	1T-540B 2005 LOUISIANA Nonresident								
	or Fiscal Year Individual Income Tax Return								
_		epartment of Revenue	<u> </u>						
		X XXXX L	eave thi	s are	ea blank				
+		ROUGE LA							
+	70821-	-XXXX							
+	Attach W-2 here								
+	O If your name has char	*************************************							
	O If your address has ch O If this is an amended								
	O If this is an amended O If this is for decedent								
+	S S N T P A Y E R S S N S P C		Filing status (Enter appropriate	Exemptions	Total of 6A & 6B				
+		x x x x x x x x x x x x x x x x x x x	number in the filing status box.) 1 Single	6A Yourself	6CTotal dependents				
		x x x x x x x x x x x x x x x x x x x	, Gilligio	65 or over	6D Total exemptions				
$^{+}$		x x x x x x x x x x x x x x x x x x x	2 Mained ming jointry	Blind	op roar examplions				
		x x x x x x x x x x x x x x x x x x x	o manior ming departatory	6B Spouse	Dependent's Name(s):				
	C I T Y S T Z I P X X X X X X X X	x x x x x x x x x x x x x x x x x x x		65 or over					
+				Blind					
†	Calendar year retu	urns due 5/15/2006	* Dependent Name						
†	Plea	ise do not staple use papero	clip instead. Do not s	ubmit a photo	осору.				
Ť									
I									
	TPSSN	LN14C	LN23		SCHH1				
	SPSSN	LN15A	LN24		SCHH2				
	DEVID	LN15B	LN25		SCHH3				
	TAXPD	LN15C	PAY		SCHH4				
	FORMN	LN15D	SCHD1		SCHH5				
	PTIN	LN15E	SCHD2		SCHH6				
	LINE7	LN15F	SCHD3		SCHH7				
	LINE8	LN15G	SCHD4		SCG1D				
	LINE9	LN15H	SCHD5		SCG1E				
-	LN10A	OVERP	D6TOT		SCG2A				
	LN10B	LN17A	SCHF1		SCG2B				
	LN11	LN17B	SCHF2		SCG3A				
+	LATAX	LN17C	SCHF3		SCG3B				
	LN13 LN13A	CREDT LN18	SCHF4 SCHF5		G4251				
		REFUD	SCHF 5		G5				
+	LN13B LN13C	OWED	SCHF 6 SCHF 7		G6				
+	LN13D	LN21	SCHF 7		G7				
+	LN14A	LN22	F9TOT		G8				
+	LN14B	11 V 21 Z1			G9				
+	2111 12				10TOT				
	7 Federal AGI	16 Overpayment		20 Amou	nt Owed				
\dagger			 						
+	12 LA Income Tax	17D Credit to 2006		26 Balan	ce Due				
Ť	15H Total Payments	19 Refund							
Ť									
		eturn and to the best of my knowledge, it							
		avings Program, I consent that my SSN n Account Holder. If married filing joint, bo		וועce or Student Fina	ancial Assistance in order to properly				
İ	Date Taxpayer		Date	Spouse					
		Date	Paid preparer						
					6655				
		SSN	Telephone						

Name(s) as shown on Form IT-540B	Print your Social Security Number he
nation Schedule - Schedule D-NR	Nonrefundable Tax Credits - Schedule G-NR
Wildlife Habitat and Natural Heritage Fund 1	1 Credit for certain disabilities. Mark an "X" in the
LA. Cancer Trust Fund-Prostate Cancer 2	appropriate box(es). Only one credit is per allowed person. D LL MI E
LA. Animal Welfare Commission 3	1A Yourself
LA. Housing Trust Fund 4	
Community based primary health care fund 5	1B Spouse1B
Total Donations - Add Lines 1 through 5 6	
undable Tax Credits - Schedule F-NR	1C Dependent's name(s) 1C
Inventory Tax Credit 1	
Ad Valorem tax credit on Natural Gas facilities and	
services	1D Enter total number of qualifying
Ad Valorem tax credit for Offshore Vessels	individuals1D
Sound recording investment tax credit	Only one credit is allowed per person.
	1E Multiply Line 1D by \$100 and enter the
Credit for property taxes paid by telephone companies 5	result here 1E
Prison Industry enhancement program credit	2 Credit for contributions to educational institutions
Urban Revitalization	2A Enter the value of computer equipment donated.
Other refundable credits	Attach Form R-3400 2A
Total - Add Lines 1 through 8 9	2B Multiply Line 2A by 40% (.40) and enter the result here
ified Federal Income Tax Information - Schedule H-NR	3 Certain federal credits
Enter the amount from Line 2A from the Federal Income	3A See instructions
Tax Deduction Computation Worksheet 1	3B Multiply Line 3A by 10% (.10). Enter the result or
Enter the amount from Line 2B from the Federal Income	\$25, whichever is less. This line is limited to \$25. 3B
Tax Deduction Computation Worksheet 2	<u></u>
Enter the amount from Line 5A from the Federal Income	Other Nonrefundable Credits - Schedule G-NR - Enter credit descripition
Tax Deduction Computation Worksheet 3	and associated code, along with dollar amount of credit claimed.
Enter the amount from Line 7A from the Federal Income	Credit Description
Tax Deduction Computation Worksheet 4	4 Motion Picture Investments 251 4
Enter the amount from Line 8A from the Federal Income	
Tax Deduction Computation Worksheet5	
Enter the amount from Line 9A from the Federal Income	
Tax Deduction Computation Worksheet6	77
Enter the amount from Line 11 from the Federal Income	88
Tax Deduction Computation Worksheet7	9
Tax Deduction Computation Worksheet:	3B and 4 through 9



For further information about these credits, please see instructions beginning on page 22.

Description	Code	Description	Code	Description	Code	Description	Code
Premium Tax	100	Qualified Playgrounds	150	New Markets	214	Motion Picture Resident	256
Commercial fishing	105	Debt Insurance	155	Brownsfield Investor	216	Capital Company	257
Family Responsibility	110	Atchafalaya Trace	200	Dedicated Rearch	220	Biomed/University Research	300
Doctor/Dentist	115	Organ Donation	202	CDFI Credit	222	Tax Equalization	305
Bone Marrow	120	Household Expense	204	Motion Picture Investment	251	Manufacturing Establishments	310
Law Enforcement Ed.	125	Vehicle Alternative Fuel	206	Research and Development	252	Enterprise Zone	315
First Time Drug Offenders	130	Previously	208	Historic Structures	253	Quality Jobs	320
Bullletproof Vest	135	Recycling Credit	210	Digital Interactive Media	254	Other	500
Nonviolent Offenders	140	Basic Skills Training	212	Technology Commercialization	255		